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MN013001. Registry to Monitor Military Infant Birth Defects

San Diego - Each day, 250 babies are born to military parents. Unfortunately, a small number of them will be born with birth defects. Like all parents, military mothers and fathers will ask, why? Is there some link between where I was deployed or what I did on the job that might have caused a birth defect in my child?

This question may be answered by the Department of Defense Birth Defects Registry, headed by CDR Margaret A. K. Ryan, MC, director of the Department of Defense Center for Deployment Health Research at the Naval Health Research Center in San Diego.

"Military parents share the same concerns all parents do about their reproductive health," said Ryan. "The Registry will gather the information we need to see if there are any patterns of birth defects in military families by occupation, location, or environmental exposures. We can also compare our data to civilian registries and surveillance programs."

The DoD Birth Defects Registry collects information about birth defects in infants born to active duty and retired military personnel, spouses, and dependents. It gathers data on births at both military and civilian hospitals where military births occur. Data can be linked to other military databases that have demographic, location and military service information.

Civilian birth defects researchers have praised the DoD Registry for its ability to examine such complete data. Approximately 35 states have established surveillance for birth defects, but it can be difficult for state health departments to gather complete data. The DoD Registry is likely to augment and complement civilian surveillance efforts.

The registry began gathering information on military births in 1998.

"From the information we have now, there doesn't appear to be any difference between the number of birth defects in military families compared to civilian families," Ryan said.

Ryan and her team will continue to monitor data for any trends that might develop and compare it to civilian registries.

"The DoD Birth Defects Registry is a vitally important project" said Ryan. "As a Navy officer, a physician, and a parent, I know how much our

military families care about this issue."

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MN013002. Newport Proves Surprise Inspection Ready

Newport, RI - The phone call came June 25 to Naval Ambulatory Care Center Newport's Deputy Commander CAPT Thomas E. McGue, MC: Be ready for inspection in 29 days.

29 days? Newport was expecting the inspection, which combined the Bureau of Medicine and Surgery Inspector General and Medical Occupational Safety and Health inspections and Joint Commission on Accreditation of Healthcare Organizations review in March 2002!

CAPT Stephen B. Henske, MSC, deputy medical inspector general, explained that the center had been selected as the first trial site for short notice survey, an idea put forward in January 2001 by Navy Medical Inspector General RADM Joseph P. VanLandingham, MSC. According to VanLandingham, the concept of a short-notice inspection was based on changing Navy Medicine's mind-set from "getting ready" to "being ready." Ultimately, it would save many hours of getting-ready time and stabilize quality throughout the system year 'round.

The joint inspection was held July 23-27. The results? A staff who express relief that they wouldn't be spending countless hours "ramping up," high assessments, and a solid recommendation for accreditation.

The next short-notice inspection will be an inpatient facility that will get the "29 days" call within the next couple of weeks. Following this survey, the Inspector General's team will assess the results and decide whether they will continue with the short-notice inspections.

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MN013003. Bremerton One of Nation's "Most Wired"

By Judith Robertson, Naval Hospital Bremerton

Bremerton, WA - Naval Hospital Bremerton's designation as one of the nation's "100 Most Wired" healthcare facilities, has nothing to do with its coffee consumption. This prestigious award came from "Hospitals & Health Networks," the journal of the American Hospital Association. It was presented to Bremerton for the third consecutive year based on an annual survey that polled military and civilian healthcare systems throughout the nation.

The survey examines the use of Internet technologies to connect hospitals with patients, physicians and nurses, payers, health plans and employees. Nearly 300 hospitals and health systems responded to the survey.

For the first time, the magazine took the analysis one step further.

"We took the Most Wired data and asked if there is any benefit to being a leader," said Alden Solovy, executive editor, "Hospitals & Health Networks." "Along with higher credit ratings, the Most Wired have greater expense control and more productivity."

What the designation means to Bremerton's 58,000 beneficiaries is that they benefit from the most recent technological advancements in the world of health care.

"We have been selected yearly because we work to install the type of infrastructure that will most benefit our patients," said Donne Corser, the hospital's chief information officer. "The recognition is nice, but incidental."

According to Corser, the hospital is on the verge of starting several new computer-based initiatives, including an innovative operating room management system that will allow collaboration between the Navy and Army to optimize resources for surgical patients throughout the region.

The Integrated Clinical Database, due out this fall, will support the TRICARE Northwest Region's population health programs in prevention, disease, and demand management. Expanded video-teleconferencing capabilities will allow VTCs to be conducted from any location in the hospital to any location in the world.

The new radiology image system allows the transfer of images from aircraft carriers at sea, providing near real-time diagnosis capability.

The 100 Most Wired hospitals were named in the July issue of "Hospitals & Health Networks."

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MN013004. HAL Gives Docs A Hand With Surgeries

By Rod Duren, Naval Hospital Pensacola

Pensacola, FL - HAL is helping out in the operating room at Naval Hospital Pensacola, reducing the time it takes to do surgery and patient recovery time, and making some surgeries a lot less expensive.

HAL stands for Hand Assisted Laparoscopy, and surgeons at the hospital are among the first in the north Florida area to use it.

HAL was developed to be an alternative to the traditional laparoscopic surgery. In a laparoscopy, the surgeon uses instruments and tiny fiber-optic lights with cameras that are inserted through two small incisions in the patient's abdomen. The surgeon's hands are never inside the patient's body.

But with HAL, a special port is affixed to the patient allowing surgeons to insert their hand into the operative field through a small incision about 3 to 4 inches, depending on the size of the surgeon's hand. The laparoscopic camera is also inserted and viewed via a TV monitor. With a hand in the operative field, surgeons can identify and move structures, explore the body cavity, facilitate dissection, guide laparoscopic instruments, and suture and remove specimens.

For some complex surgeries, such as a nephrectomy, or kidney removal, HAL can make a big difference in recovery time. According to CDR Kevin Mahaffey, MC, an urologist at the hospital, a standard nephrectomy requires a 12 to 18 inch incision through the abdomen, and may include removal of some ribs, resulting in great pain and possible additional complications. The hospital stay is usually five to seven days, and it may take up to eight weeks before the patient is back to normal. But with HAL, which requires only a 3 to 4 inch incision in the lower abdomen, recovery time is usually two to three days.

"It's the gold standard," said Mahaffey.

HAL is working in the urology department at Pensacola now, but CAPT John Perciballi, MC, head of the general surgery department, expects it will be put to use soon in general surgery.

"We'll likely be using it for bowel resections and for removal of some of the solid organs," said Perciballi.

According to LCDR Gregory J. Tarman, MC, the urology department head, there's another benefit to HAL. Since the surgery is minimally invasive, both long term and short pain is reduced.

"There's less of a need for narcotics (for pain relief)," he said.

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MN013005. Corpsmen Train Mozambicans

By Tech. Sgt. Ann Bennett, Air Force Print News

Nampula, Mozambique - Navy Hospital Corpsmen and medical personnel from other services are providing mass casualty training to a group of Mozambicans here to help prepare them for disasters such as the severe floods the country experienced last year.

Hospital corpsmen from the Naval Air Facility at Mildenhall, England, and Air Force medical personnel are providing the training during MEDFLAG 01-02, a regularly scheduled exercise. The group is part of about 75 European Command people who are here for MEDFLAG, which runs from July 23 - Aug. 3.

The medical personnel are providing medical care and training, while U.S. Army civil engineers are providing construction support to Mozambicans in and around Nampula.

"We're here to help the Mozambicans be prepared to better treat people if another natural disaster comes along," said Air Force Maj. Eric Nelson, MC, an orthopedic surgeon who is one of the training instructors. "We're providing practical application on how we treat patients, and hope to allow them to take better care of their trauma patients."

Training includes basic life support, trauma life support and disaster management training to the group of about 90 Mozambican doctors, nurses and technicians as well as municipal authorities. The training began with a three-day class here July 24-26 where instructors taught cardiopulmonary resuscitation, airway and shock management, pediatric trauma, triage and other life and trauma support training. The students also received hands-on experience with simulated injuries and injury scenarios.

HM2 Keith Vannoy, one of the instructors, said he volunteered for MEDFLAG so that he can learn not only how the Air Force does things, but also about joint training with the local medical personnel in Mozambique.

"Everything is going toward a joint service environment," he said, "and everything I learn here will help me to work better with other services and nations."

Dr. Tereza Couto, a general and neurosurgeon at Maputo Central Hospital, who is also an associate professor at the Faculty of Medicine, attended the training to see how and what the U.S. military teaches when it comes to trauma care.

"I'm interested in how they're going to teach everyone how to manage a mass casualty exercise," she said. "The training is up-to-date and systematic for the people taking the course - very useful and applicable to our medical staff."

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MN013006. DoD Approves Year Round Access to USFHP

Eligible uniformed services retirees and their families may now enroll in the Uniformed Services Family Health Plan (USFHP) at any time during the year.

Prior to June 1, 2001, retired military beneficiaries were only allowed to enroll in the military health plan during a one-month enrollment period each year. Family members of active duty military have always been able to enroll in USFHP at any time.

The USFHP is a Department of Defense-sponsored health plan available to families of active duty military, retirees, and their eligible family members, including those age 65 and over. The plan provides TRICARE Prime healthcare through networks of community-based civilian hospitals and physicians in seven areas of the country.

For more information about the DoD-sponsored USFHP health care program, call 1-888-25-USFHP or visit the USFHP Web site at: www.usfhp.org.

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MN013007. TRICARE Plus To Enroll Some With Military PCMs

A new TRICARE enrollment option called TRICARE Plus will allow some military health system beneficiaries to enroll with a military primary care provider. Enrollees will be provided access to primary care on the same

basis as beneficiaries enrolled in TRICARE Prime.

Local timing and availability will vary, and opportunities may not exist at all military treatment facility locations. TRICARE Plus is open to persons eligible for care in military facilities and not enrolled in TRICARE Prime, or a commercial health maintenance organization (HMO). There is no annual enrollment fee.

Persons enrolled in TRICARE Plus will be identified in the Defense Enrollment Eligibility Reporting System (DEERS), and will use the military treatment facility as their source of primary care.

The new program differs from TRICARE Prime and TRICARE Senior Prime in several ways:

- TRICARE Plus is not a comprehensive health plan. TRICARE Plus is a primary care enrollment program ONLY, and has no effect on the enrollees' use or payment of civilian health care benefits. Thus, TRICARE Standard or TRICARE Extra or Medicare may pay for civilian health care services obtained by a TRICARE Plus enrollee.

- TRICARE Plus does not lock beneficiaries into "managed care." They may seek care from a civilian provider, but are discouraged from obtaining non-emergency primary care from sources outside the military treatment facility where they are enrolled. In addition to providing access to primary care, this plan enables their physician to coordinate health care more effectively.

- TRICARE Plus does not guarantee enrollees access to specialty providers at the military treatment facility where they are enrolled.

- TRICARE Plus is not portable. TRICARE Plus beneficiaries cannot use their enrollment at another facility.

The availability of TRICARE Plus in a location, and the number of enrollees, will be based on the local military treatment facility commander's determination of enrollment capacity. Should the number of applicants exceed the capacity for TRICARE Plus enrollment, enrollees will be selected by a fair process. Beneficiaries with existing primary care relationships at participating military treatment facilities, including those enrolled in the TRICARE Senior Prime demonstration, will have the first opportunity to enroll as long as a facility has the resources to provide the necessary primary care.

Military treatment facilities will review continued enrollment in TRICARE Plus annually. If capacity is no longer available at the military treatment facility, beneficiaries may be disenrolled. This will not affect their TRICARE or Medicare benefits.

The details on TRICARE Plus are being finalized now. For more information, call 1-888-DOD-LIFE (1-888-363-5433), or visit the TRICARE Web site at: www.tricare.osd.mil/Plus.

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MN013008. HealthWatch: Here's Proof That Mom Was Right!

By Jan Davis, Bureau of Medicine and Surgery

San Diego - Mom was right after all.

Since the day they are old enough to stand at the sink, kids have been cajoled, ordered and reminded by moms to wash their hands before they eat, wash their hands after they use the toilet, wash their hands after playing with the family dog.

"You'll get sick if you don't wash your hands!" she'd admonish.

Now moms everywhere can thank CDR Margaret A. K. Ryan, MC, Naval Health Research Center in San Diego for providing proof that they were right - frequent hand-washing can help prevent you from getting sick.

Ryan's study showed that new recruits at the Naval Training Center at Great Lakes, IL, who washed their hands at least five times a day had 45

percent fewer illnesses such as a cold, flu or pneumonia than those who didn't wash their hands as much.

Concerned with the number of respiratory illnesses among recruits, and the subsequent lost time from school and military duty, Great Lakes asked researchers to find a way to help keep trainees healthy. A number of high tech methods were tried, including dust reduction, disinfectant mists and ultraviolet radiation. At best, the results from these methods were marginal.

Then, in late 1996, Great Lakes started Operation Stop Cough, a program that encouraged recruits to do what mom said - "wash their hands!" Liquid soap dispensers were installed at sinks in training spaces. Inspection requirements were changed to allow sinks to be wet from hand washing. And recruits were encouraged to wash, wash, wash.

Ryan and her team then compared the number of illnesses among recruits in 1996 before Operation Stop Cough with those in 1997 and 1998, after it had been implemented. The results were that respiratory illnesses dropped markedly after Stop Cough was started.

It's not all good news, however. While the number of respiratory illnesses dropped, hospitalizations for more-severe respiratory illnesses remained about the same, which leads Ryan and her team to think that hand washing is most effective against less serious illnesses.

Even if you aren't in the close-contact environment of bootcamp and experiencing the physical and psychological stress of Navy training, hand washing can help keep you healthy. Here are some tips from the American Society for Microbiology on when, as a minimum, you should wash your hands:

Before you:

- Prepare or eat food
- Treat a cut or wound
- Care for a person or animal that's sick
- Put in or take out contact lenses;
- Do any activity that involves putting fingers in or near mouths, eyes, nose, etc.

After you:

- Use the bathroom
- Handle uncooked foods, especially raw meat
- Eat
- Blow your nose, cough or sneeze
- Handle garbage
- Care for a person or animal that's sick.
- Change a diaper
- Play with or touch a pet, especially reptiles and exotic animals.

So take a tip from Ryan -who is a mother- and her study. If you want fewer colds and flus this season, wash your hands!

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MN013009. If You Liked Rudy, You'll Love Bill

If you liked "Survivor's" former Navy SEAL Rudy, then you'll love "The Mole II's" Bill.

"Bill" is retired RADM William McDaniel, MC, an orthopedic surgeon. His last assignment was Commander of Naval Medical Center Portsmouth, VA.

"The Mole II" is a reality series in which 14 strangers must uncover who among them is The Mole, a double agent planted by the show's producers to sabotage the team's money-earning efforts. The show airs Fridays at 8 p.m. this fall.

Also competing is "Ali," a former active duty nurse from Naval Hospital Great Lakes, IL.

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